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DATE: November 21, 2006

PTO IDENTIFIER: Application Number 09/696,754-Conf. #3113
Patent Number

Inventor: Bob LAMOUREUX et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP
Irah H. Donner

PHONE: (212) 230-8800

Attorney Dkt. #: 0026119.0136CUS1

PAGES (Including Cover Sheet): 12

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- Fee Transmittal (1 page)
- Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
- Notice of Appeal (1 page)
- Pre-Appeal Brief Request for Review (1 page)
- Pre-Appeal Brief (5 pages)
- Transmittal (1 page)
- Fax cover sheet and Certificate of Facsimile Transmission (2 pages)
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PTO/SB/97 (09-04)
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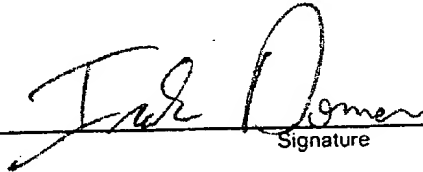
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Attorney Docket No.: 0026119.0136CUS1

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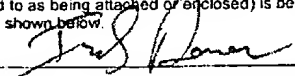
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/696,754-Conf. #3113	
	Filing Date	October 25, 2000	
	First Named Inventor	Bob LAMOUREUX	
	Art Unit	3627	
	Examiner Name	J. A. Fischetti	
Total Number of Pages in This Submission	12	Attorney Docket Number	0026119.0136CUS1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Pre-Appeal Brief Request for Review, Pre-Appeal Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet and Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Irah H. Donner		
Date	November 21, 2006	Reg. No.	35,120

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/696,754-Conf. #3113
		Filing Date	October 25, 2000
		First Named Inventor	Bob LAMOUREUX
		Examiner Name	J. A. Fischetti
		Art Unit	3627
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	0026119.0136CUS1
1,520.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

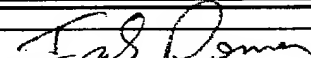
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1401 Notice of appeal	500.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	35,120
Name (Print/Type)	Irish H. Donner	Telephone	(212) 230-8800
		Date	November 21, 2006

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